



MI Immunization Timely Tips

Michigan Department of Community Health (MDCH), March 2012

The Power of Sharing Personal Stories

It's important to remember that your personal and professional experience is impactful with parents. When talking with vaccine-hesitant parents, consider sharing your own personal stories about families who have been affected by vaccine preventable diseases (VPDs). Personal stories can be powerful; they remind us of the value of prevention in ways that data alone cannot. People tend to remember stories, especially emotionally compelling stories.

However, we know that your time is extremely limited. Many practices have written resources available in their waiting rooms. One example is *Vaccine-Preventable Disease: The Forgotten Story*, an excellent parent education booklet that contains personal stories of families affected by VPDs. In addition to making written materials available, some clinics also run videos in their waiting rooms that feature stories about families affected by VPDs.

Resources

- [Vaccine-Preventable Disease: The Forgotten Story](#), Texas Children's Hospital
- [Vaccine Education Center](#), Children's Hospital of Philadelphia (CHOP)
- [Personal Stories about Vaccine-Preventable Diseases](#), Parent's PACK Newsletter, CHOP
- Shot by Shot: Stories of Vaccine-Preventable Diseases (videos): <http://shotbyshot.org>
- Immunization Action Coalition: www.immunize.org
- Free brochures from MDCH: www.healthymichigan.com

Vaccine Conversations with Parents

The Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) have worked together to create materials to help you assess parents' needs, identify the role they want to play in making decisions for their child's health, and then communicate in ways that meet their needs. These resources are collectively called [Provider Resources for Vaccine Conversations with Parents](#).

National Infant Immunization Week (NIIW)

This year's NIIW will be held April 21-28. NIIW is an annual observance that highlights the importance of routine immunizations for children younger than 2. Because NIIW is a great time to acknowledge and thank the immunization champions who help keep our children up-to-date on their immunizations and healthy, we want to let all the immunization providers who are reading this newsletter know that we appreciate your commitment. Thanks for protecting Michigan families from vaccine-preventable diseases!

Alana's Story: Why get a flu vaccine?

The [Alliance for Immunization in Michigan](#) worked with [Alana's Foundation](#) to develop the following poster: Alana's Story: Why get a flu vaccine?

Provisional Tdap Recommendations for Adults 65 Yrs & Older

On March 22, the Advisory Committee on Immunizations (ACIP) published provisional recommendations for the use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) in adults 65 years of age and older.

Adults 19 years of age and older who previously have not received a dose of Tdap, should receive a single dose of Tdap. When pertussis protection is needed, there is no minimum interval between the last dose of a tetanus or diphtheria-containing vaccine (DTaP, Td) and a dose of Tdap. Adults should receive a dose of Tdap if the dose is recommended and no record of previous administration exists.

Providers are encouraged to not miss an opportunity to vaccinate persons in this age group and may administer the vaccine that they have available. When feasible, Boostrix® should be used for adults 65 years and older; however, either vaccine product administered (Boostrix® or Adacel®) provides protection and is considered valid.

Adults 19 years of age and older who are uninsured or underinsured may be eligible for a dose of Tdap vaccine at local health departments (LHDs) at minimal cost. For more details, see the MDCH [Paying for Adult Vaccines handout](#) or call your [local health department](#) (LHD). Many LHDs are appointment only; calling first is recommended.

Tdap assessment in the Michigan Care Improvement Registry (MCIR) will be updated. MDCH will also update the *Quick Look at Using Tdap Vaccine* soon. [The MDCH Quick Look handouts](#) are one-page summaries of ACIP recommendations and are available for more than a dozen vaccines.

Immunization Conferences Announced for Fall 2012

MDCH is pleased to announce the dates for the 2012 Fall Regional Immunization Conferences:

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| • Oct. 9 – Gaylord | • Nov. 1 – Bay City |
| • Oct. 11 – Marquette | • Nov. 2 – E. Lansing |
| • Oct. 18 – Troy | • Nov. 14 – Grand Rapids |
| • Oct. 30 – Dearborn | • Nov. 15 – Kalamazoo |

We are still in the planning stages for these conferences. The registration process will begin in mid-August. As more details become available, they will be posted online at www.michigan.gov/immunize (under Provider Information). A Save the Date flyer is also posted on the [2012 Fall Regional Immunization Conferences website](#). Stay tuned!

Posted at www.michigan.gov/immunize
under Provider Information – 4/4/12

CDC Updates Vaccine Storage and Handling Guidance

Adapted from the February 17, 2012, Indiana State Department of Health's vaccine newsletter

In December, 2011, CDC modified the vaccine storage and handling recommendations. Recent studies completed by the National Institute of Standards and Technology (NIST) indicate open storage containers with solid sides are acceptable as long as there is space for good air circulation. According to the NIST researchers, the open storage bins did not interfere with air circulation and temperature maintenance. Because there was no noticeable impact on performance, the CDC has updated its guidance accordingly.

The most important factor for maintaining appropriate vaccine storage temperatures is location of the vaccine in the storage unit, particularly in a household style unit. The NIST study repeatedly showed that temperatures would read out of range near the walls and the cooling vent of a household style dual zone refrigerator/freezer. This is consistent with both manufacturer recommendations as well as CDC vaccine storage and handling guidelines: vaccines should be placed in the main body of the refrigerator away from walls and the cooling vent. For pharmaceutical/medical grade units, the NIST results indicate excellent long-term temperature stability and show that temperature variations are less problematic.

Keeping the vaccine in its original box will add an extra thermal layer protection and is a Vaccines for Children (VFC) program requirement. Consistent with the NIST results, it was observed that vials contained in boxes resisted thermal excursions for a longer time than unpackaged vials. In addition, vaccine stored in the original packaging, and stored away from the upper region of the refrigerator, have the slowest temperature increase during a power outage in a household style refrigerator/freezer unit. The opening and closing of the refrigerator door many times per day is of a critical concern because of exposure to room temperature air. Minimizing the amount of time that the refrigerator door is open, while storing the vaccine in original packaging, will protect against thermal excursion.

The Michigan VFC program supports the use of the above recommendations for not only VFC providers, but all providers who store vaccines.

For more information

- MI VFC Program: www.michigan.gov/vfc
- [CDC Vaccine Storage & Handling Guide](#)

How Are You Doing on Vaccine Storage and Handling?

Did you know that, for the year 2011, of the 1,182 VFC provider sites in Michigan that received a VFC site visit, only 40% of those sites passed the Storage and Handling section of the questionnaire? It's true!

[New Varicella Vaccine Guidance Handouts](#)

The updated varicella vaccine recommendation is to **NOT** transport varicella-containing vaccine. MDCH has updated the following guidance documents to reflect the new recommendations.

- Responding to Situations Where Varicella-Containing Vaccine Requires Transport
- Storage and Handling Guidance - Varicella, Zoster, & MMRV

Both documents are posted online at:

www.michigan.gov/vfc > Vaccines for Children (VFC) Program in Michigan.

[Immunization programs for physicians and staff](#)

The Immunization Nurse Education Program, a joint venture between the Michigan Department of Community Health and local health departments, is designed to bring updated immunization information to your office. Through this program, experienced and knowledgeable nurses bring up-to-date immunization information to office staff, in order to help healthcare personnel stay current on immunization practices.

The Physician Peer Education Project on Immunization (PPEPI) delivers free immunization education to physicians. The modules are brought to providers at Grand Rounds, medical staff meetings and conferences.

More information about these programs is posted on the MDCH Division of Immunization's website. [Immunization Education Opportunities for Healthcare Personnel](#) is located at www.michigan.gov/immunize under the Provider Information category.

Let us help you stay current on immunization recommendations and practices. Do your part to keep Michigan's residents safe from vaccine-preventable diseases by staying up to date on immunization issues.

[Adult Vaccination Coverage](#)

March 2012 Parent's PACK Newsletter

Adults are 100 times more likely than children to die of vaccine-preventable diseases (VPDs). Each year in the U.S., VPDs claim the lives of 500 children and approximately 50,000 adults.

The CDC recently reported adult vaccination coverage in the United States during 2010. The data indicated minimal improvement in the numbers of adults receiving recommended vaccines and concluded that significant increases in adult vaccination coverage are needed to reduce the prevalence of vaccine-preventable diseases. [Learn more»](#)

CDC: Use All the Schedules and Footnotes in the Childhood Immunization Schedule

CDC is advising providers to use all three pages of the 2012 U.S. Childhood Immunization Schedule as a single, cohesive document. That is, the three schedules and footnotes that make up the 2012 document should be used together, not separately. To help providers do this, CDC has combined all three schedules and footnotes into a 4-page document titled [Recommended Immunization Schedules for Persons Aged 0 Through 18 Years—United States, 2012](#).

Immunization Education Opportunity

The American Nurses Association (ANA) has teamed up with CDC, the National Network of Immunization Nurses and Associates and the Immunization Action Coalition to produce an exciting series of netconferences - for nurses, by nurses. This series of online seminars will feature presentations by CDC nurses and other experts.

There will be 3 sessions with each beginning at 2 PM ET and are as follows:

- April 4th: Talking with Patients about Vaccinations
- April 25th: Vaccination of HealthCare Personnel-- Educated Caring Choices
- May 2nd: Vaccine Administration Errors (Special National Nurses Week Netconference)

Each session will require viewing a pre-taped webcast prior to the call on the dates specified. Then join a live seminar with CDC experts and immunization nurse educators on the specified dates.

For more information: <http://www2.cdc.gov/vaccines/ed/nurses>

Post-Licensure Safety Surveillance for High-Dose Trivalent Influenza Vaccine

A safety study of the high-dose influenza vaccine, licensed in December 2009, was published in the [Clinical Infectious Diseases](#) journal on March 23, 2012. This study reviewed reports to the Vaccine Adverse Event Reporting System (VAERS) among adults age 65 years and older who received the high-dose trivalent influenza vaccine (or TIV-HD) or standard dose trivalent influenza vaccine (TIV) from July 2010 through December 2010.

The review found that there was no new serious vaccine safety concerns following TIV-HD identified in VAERS during the first year after licensure. Findings were consistent with conditions found from pre-licensure studies (e.g., fever and pain) that were more frequently reported after TIV-HD than after receipt of standard dose TIV. The analysis also showed a higher proportion of gastrointestinal events reported after TIV-HD than expected. CDC will continue further monitoring of adverse event reports following TIV-HD vaccine as the use of the vaccine increases during future influenza seasons.

For more information on influenza vaccine safety, visit <http://www.cdc.gov/flu/protect/vaccine/vaccinesafety.htm>.

For more information about VAERS: <http://vaers.hhs.gov/index>

Michigan's Immunization Timely Tips (MITT)

To subscribe, send an email to MBenhamza@msms.org and enter the word SUBSCRIBE in the subject line. Subscribers will receive the Michigan Immunization Timely Tips (MITT) newsletter, as well as additional immunization-related updates on a periodic basis.

From time to time, we include articles about some of the exciting activities happening in the field. If you have an idea for a story, please contact the editor, Rosemary Franklin, at Franklinr@michigan.gov.

MITT is posted at www.michigan.gov/immunize under the Provider Information section.

Perfluorinated Compounds and Immune Response to Vaccines

By Paul A. Offit, MD, Director, Vaccine Education Center at The Children's Hospital of Philadelphia

Reprinted from the Vaccine Education Center's Vaccine Update for Healthcare Providers

On January 25, 2012, Philippe Grandjean and coworkers evaluated the relationship between perfluorinated compounds (PFCs) and immune response to vaccines in children living in the Faroe Islands (Grandjean P, Anderson EW, Budtz-Jorgensen E, et al. [Serum vaccine antibody concentrations in children exposed to perfluorinated compounds](#). JAMA, 2012 Jan 25; 307(4): 391-7). PFCs are typically found in food packaging and textile impregnation and can contaminate food and drinking water. The authors correlated the quantity of various PFCs (such as perfluorooctanoic acid and perfluorooctane sulfonic acid) to tetanus- and diphtheria-toxoid-specific immune responses. They found that higher levels of PFCs in blood correlated with a decreased capacity to respond to tetanus and diphtheria antigens; indeed, some toxoid-specific antibody levels were below those considered necessary for protection against disease (i.e., less than 0.1 IU/ml of antibody).

This is the first paper reporting that PFCs cause a clinically significant decrease in vaccine-specific immune responses. It's an extraordinary claim. Therefore, it should be backed by extraordinary evidence. This paper, unfortunately, provides less than extraordinary evidence for several reasons:

- The authors could have also examined immune responses to other vaccines that these children had been given (i.e., pertussis, Hib and polio), but chose not to. This was a lost opportunity and would have allowed the authors to support the robustness of their claim.
- The authors offer two previous studies — one in mice, the other *in vitro* — that supposedly support the biological plausibility of their assertion. However, the study in mice showed a suppression of IgM, not IgG responses and the study *in vitro* showed a decreased response to the mitogen LPS, neither of which is relevant to their findings of IgG-mediated, toxoid-specific responses in children.
- Because the study was not prospective, one worries that PFC exposure is a surrogate marker for something else, such as poorer nutrition. The authors controlled for PCB exposure, birth weight, maternal smoking during pregnancy and duration of breastfeeding, but this does not account for all other important confounders. In other words, the association between high PFC levels and low immune response to vaccines might not be causal.

In summary, this observation is interesting but needs to be reproduced by other investigators.

Posted at www.michigan.gov/immunize under Provider Information – 4/4/12